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APPENDIX 21.

ORTHOPEDIC TECHNICIAN

APPLICATION OF A SYSTEM APPROACH U.S. NAVY MEDICAL DEPARTMENT EDUCATION AND TRAINING PROGRAMS FINAL REPORT



Prepared under Contract to OFFICE OF NAVAL RESEARCH U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

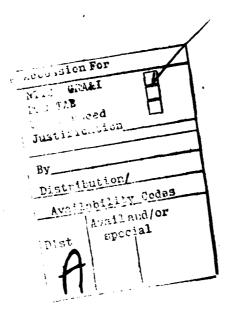
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The study objective consisted of a determination	
personnel in the Navy's Medical Department, Burea actually do in their occupations; improving the p	
tion and training); and building a viable career	pathway for all health
care personnel. Clearly the first task was to de	evelop a system of job
analyses applicable to all system wide health can	re manpower tasks. A
means of postulating simplified occupational clus	sters covering some 50
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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.



FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "... expressed in behavioristic terms ..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed needs. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility test and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "... precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated) response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be reapplied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority of all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for selfinstruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in the Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system up-dating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET
ORTHOPEDICS
(HOSPITAL CORPS)

CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- •Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

Part I Career Background Information (answers to be recorded in this TASK BOOKLET)

Part II A List of Tasks (answers to be recorded on the accompanying RESPONSE BOOKLET)

B List of Instruments and Equipment (answers to be recorded on the accompanying RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

	DO NOT	FILL IN	l ·
Part I			(1)
CAREER BACKGROUND INFORMATION	N		(7)
Check that the Form and Serial Number in this	Form	Serial No.	(//
box match those on the cover of this Booklet			
Name of your Duty Station			
City & State (if applicable)			
Your Name			
Social Security Number			(14)
PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE		ENTER	
NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REC TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENT		ANSWERS HERE	
Ql. Select the number to indicate the Corps t	- -	Ql.	(23)
which you belong:		\`- <u>-</u>	()
1. Dental Technician			
2. Hospital Corps			
Q2. Indicate your military status:		Q2	(24)
1. USN 2. USNR			
Q3. Indicate your pay grade:		03.	(25)
, , , , , ,		ν	(23)
1. E1 6. E6 2. E2 7. E7			
3. E3 8. E8 4. E4 9. E9			
5. E5			
Q4. Indicate your total years of active duty the Navy to date: (estimate to the neares		Q4	(26)
1. Less than 2 years	!		
 2 to 4 years 5 to 8 years 			
4. More than 8 years			•

		ENTER ANSWERS HERE	
Q5.	Select the number to indicate your present immediate supervisor:	Q5	(27)
	 Physician Dentist Nurse MSC Officer HM or DT Other (Specify) 		
Q6.	Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour) 1. 35 to 40 hours 2. 41 to 50 hours 3. More than 50 hours	Q6	(28)
Q7.	Please give an estimate of the percent of time you spend on the following (write five percent as 05):	Q7.	
	 Inpatient care Outpatient care Teaching Administration Other (specify) 	3%	(29) (31) (33) (35) (37)
Q8.	Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute most to your job satisfaction:	Q8	(39)(41)(43)
	Ol Salary and/or promotion opportunities Ole Retirement benefits Ole Housing Ole Educational advancement opportunities Ole Stability of tour of duty Ole Physical facilities and equipment Ole Administrative and clerical support Ole Work load Ole Personal career planning Opportunity to attend professional meetings		

		ENTER ANSWERS HERE	
Q9.	Using the list on page <u>vii</u> specify your current NEC by writing the <u>last two digits</u> of the CODE.	Q9	(45)
Q10.	Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year)	Q10	(47)
	1. Less than 1 year 4. 6 to 10 years 2. 1 to 2 years 5. 11 to 15 years 3. 3 to 5 years 6. More than 15 years		
Q11.	If you have other NEC(s) in addition to the one specified in Q9, check page <u>vii</u> and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for <u>Q11</u> and <u>Q12</u> .	Q11a b	(48) (50)
Q12.	Select the number to indicate the years of experience you had in the NEC(s) stated in Qll (estimate to the nearest year).	Q12a b	(52) (53)
	1. Less than 1 year 4. 6 to 10 years 2. 1 to 2 years 5. 11 to 15 years 3. 3 to 5 years 6. More than 15 years		
Q13.	From the list below, write the two-digit CODE to indicate the specialty of the department in which you are currently functioning.	Q13	(54)
	CODE Ol Administration Ol Education Ol Education Ol Coronary Care Ol Dermatology Ol Medicine - OPD Ol Medicine - Wards Ol Obstetrics/Gynecology Older of the pedics Older of the pedics Older of the pedics Pediatrics Psychiatry Public Health Radiology General Surgery-Wards		

v

		ENTER ANSWER HERE	
Q14.	Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:	Q14	(56)
	 Hospital Dispensary Aboard ship/sub, no M.O. (or D.O.) aboard Aboard ship/sub, M.O. (or D.O.) aboard Aviation squadron/wing, Navy or Marine Marine ground forces Administrative Commands Research Commands or PMUs Dental Clinic Other 		
Q15.	Indicate the number of people you normally supervise:	Q15	(57)
	0. None 3. 6-10 1. 1-2 4. 11-20 2. 3-5 5. over 20		

MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

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General Service, Hospital or Dental Corpsman
0000
3371 Health Physics & Process Control Technician
3391 Nuclear Power Plant Operator
8402 Nuclear Submarine Medicine Technician
8403
     Submarine Medicine Technician
8404 Medical Field Service Technician
8405 Advanced Hospital Corps Technician (Class B)
8406 Aviation Medicine Technician
8407 Nuclear Medicine Technician
8408 Cardiopulmonary Technician
8409 Aviation Physiology Technician
8412 Clinical Laboratory Assistant Technician
8413 Tissue Culture Technician
8414 Clinical Chemistry Technician
8415 Medical Technology Technician
8416 Radioactive Isotope Technician
8417 Clinical Laboratory Technician
8432 Preventive Medicine Technician
8433
     Tissue Culture and Tissue Bank Technician
8442 Medical Administrative Technician
8452 X-ray Technician
8453 Electrocardiograph/Basal Metabolism Technician
8454 Electroencephalograph Technician
8462 Optician (General) Technician
8463 Optician Technician
8466 Physical and Occupational Technician
8472 Medical Photography Technician
8482 Pharmacy Technician
8483 Operating Room Technician
8484 Eye, Ear, Nose, & Throat Technician
8485 Neuropsychiatry Technician
8486 Urological Technician
8487
     Occupational Therapy Technician
8488
     Orthopedic Appliance Mechanic
8489
     Orthopedic Cast Room Technician
8492 Special Operations Technician
8493 Medical Deep Sea Diving Technician
8494 Physical Therapy Technician
6495
     Dermatology Technician
8496
     Embalming Technician
8497
     Medical Illustration Technician
8498 Medical Equipment Repair Technician
8703 DT General, Advanced
8707 DT Field Service
8713 DT Clinical Laboratory
8714
     DT Research Assistant
8722
     DT Administrative
8732
     DT Repair
8752 DT Prosthetic, Basic
8753
     DT Prosthetic, Advanced
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DT Maxillofacial Prosthetic

RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
 - 1. Use a No. 2 pencil only
 - Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

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PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses. Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not do
- 1 = Did less than 5 times
- 2 = Did 5 to 20 times
- 3 = Did 21 to 50 times
- 4 = Did 51 to 100 times
- 5 = Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not use
- 1 = Used <u>less than 5</u> times
- 2 = Used 5-20 times
- 3 = Used 21-50 times
- 4 = Used 51-100 times
- 5 Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

Column B

Indicate the approximate time you spent on a <u>single</u> performance the last time you performed this task.

- 0 = less than one minute
- 1 = 1 to 4 minutes
- 2 = 5 to 10 minutes
- 3 = 11 to 20 minutes
- 4 = 21 to 30 minutes
- 5 = 31 to 60 minutes
- 6 = 1 to 2 hours
- 7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

- 0 = No
- 1 = Yes

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIA - LIST OF TASKS

IF A = 1-5, ANSWER COLUMNS B, C & D ALSO. IF A = 0, GO TO NEXT STATEMENT: ANSWER COL. A FIRST.

FREQUENCY

8

NEED ADDITIONAL DO YOU FEEL YOU

(single performance

the last time

performed)

TIME CONSUMED

(Additional instructions will be given if this column is used) OPTION TRAINING TO PER-FORM THIS TASK?

0=NO 1=YES

0=LESS THAN 1 MINUTE

1=1 TO 4 MINUTES
2=5 TO 10 MINUTES

MORE THAN 100 TIMES NOT DO LAST MONTH THAN 5 TIMES 20 TIMES TO 50 TIMES TO 100 TIMES 1=DID 2=DID 0=DID 3-DID 5=DID 4=DID

=11 TO 20 MINUTES TO 30 MINUTES 5=31 TO 60 MINUTES =21

-MORE THAN 2 HOURS 5=1 TO 2 HOURS

xiii

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

IF A = 1-5, ANSWER COLUMNS B, C & D ALSO. IF A = 0, GO TO NEXT STATEMENT: ANSWER COL. A FIRST.

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FREQUENCY

TIME CONSUMED DO YOU (last time used) NEED A

DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER-

FORM THIS TASK?

OPTION
(Additional instructions will be given if this column is used)

0=DID NOT USE LAST MONTH
1=USED LESS THAN 5 TIMES

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0=LESS THAN 1 MINUTE 1=1 TO 4 MINUTES 2=5 TO 10 MINUTES 3=11 TO 20 MINUTES 4=21 TO 30 MINUTES 5=31 TO 60 MINUTES 6=1 TO 2 HOURS 7=MORE THAN 2 HOURS

0=NO 1=YES Part II A
LIST OF TASKS

LEFT PAGE (DI ORTHO (HOSP CORPS) TASK BOOKLET
	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OF OF RESPONSE BOOKLET
	RECEIVE PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN
2	INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
	VERIFY IDENTIFICATION OF PATIENT, E.G. FCR TREATMENT, MEDICATIONS, EXAMINATION
4	TRANSPORT NON AMBULATORY PATIENT TO OTHER DEPARTMENTS/CLINICS
5	 LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)
6	I ASSIST PATIENTS IN/OUT OF BED, EXAM OR O.R. TABLES
7	 ASSIST PATIENT TO STAND/WALK/DANGLE
8	 MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES
· ·	MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES
10	 MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT
11	 TURN PATIENT ON STRYKER FRAME
12	 TURN PATIENT ON CIRCOELECTRIC BED
13	 POSITION PATIENT IN BODY ALIGNMENT
14	 CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION
_	 EXPLAIN TO PATIENT/FAMILY POST-OP PROCEDURES/CARE FOR RADICAL SURGERY
	 INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT
	 EXPLAIN/ANSHER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/ TREATMENT PROCEDURES
-	I ASCERTAIN IF PATIENT HAS BEEN PREPPED FOR TEST/TREATMENT PROCEDURE
	I LASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST
20	 REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT
	I EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/ FRAMILY
22	 EXPLAIN LUMBAR PUNCTURE PROCEDURES TO PATIENT
23	I EXPLAIN MAJOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
24	 EXPLAIN MINOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
25	 GIVE PHISOMEX/BETADINE SCRUB TO PATIENTS

* IONI PAGE	OT DELMO FAGSE COKEST TASK BOOKEET
	I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE OI I OF RESPONSE BOOKLET
26	I SHAVE AND SCRUB PATIENT FOR SURGERY OR DELIVERY OR TREATMENT OR LEXAMINATION
27	PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/
28	DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT
29	DRAPE/UNDRAPE PATIENT FOR SURGERY
30	I IGROUND PATIENT, E.G. FOR ELECTRICAL CAUTERIZATION, IDEFIBRILLATON, EKG
31	OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS
32	OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION
33	ITAKE BLOOD PRESSURE
34	CHECK RADIAL (WRIST) PULSE
35	PALPATE NECK FOR MASSES/NODES
36	PALPATE CHEST FOR MASSES/NODES
37	ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY
38	EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN
39	GBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/HOUNDS
40	MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL
41	REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
42	MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION.
43	CONFER WITH CORPSMAN TO DISCUSS PATIENT TREATMENT/PROGRESS/
44	NOTIFY MEDICAL PERSONNEL OF TREATMENT NEEDS FOR PATIENT
45	WRITE NURSING NOTES
46	WRITE ORDERS IN PATIENT'S CHART FOR DOCTOR'S COUNTERSIGNATURE
47	RECOMMEND PATIENT'S TRANSFER ACCORDING TO NEED/READINESS, E.G. FROM R.R., TO DELIVERY ROOM
48	VERIFY COMPLETENESS OF DOCTOR'S ORDERS, E.G. FOR ALL ROUTINE ADMISSION OR PRE-OP ORDERS
49	DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION
50	CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT ICARE
	TURN PAGE

LEFT PAGE 0	2 ORTHO (HOSP CORPS) TASK BOOKLET
· ·	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET
	INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE
	MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED. E.G. PHYSICAL ACTIVITY
	PLAN/MODIFY DIAGNOSTIC PROCEDURES ACCORDING TO PATIENT'S RESPONSE/NEED
	SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION
- :	SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE
6	REFER PATIENT TO DOCTOR FOR TREATMENT
7	INITIATE AND ORDER DIAGNOSTIC TEST
8	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
9	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
10	DETERMINE METHOD OF MOVING/TRANSPORTING PATIENT
11	GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK
12	GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRAGE
13	CALCULATE DOSAGE OF DIAGNOSTIC PHARMACEUTICAL, E.G. BSP DYE
14	CHECK/CORRECT CALCULATIONS PERFORMED BY OTHER TECHNICIANS
	POUR/DRAW UP MEDICATIONS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
16	POUR/DRAW UP NARCOTICS AND CONTROLLED DRUGS
17	PREPARE LOCAL ANESTHETIC SOLUTIONS FOR USE
18	ASSESS PATIENT'S RESPONSE TO MEDICATION THERAPY
19	WRITE PRESCRIPTION RENEWALS FOR DOCTOR'S SIGNATURE
	CONFER WITH PRESCRIBING DOCTOR ON QUESTIONS CONCERNING PRESCRIPTIONS
21	I IANSWER INQUIRIES REGARDING DRUG REACTION
22	ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION
23	ADMINISTER MEDICATION BY SUBCUTANEOUS INJECTION
24	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE
25	ADMINISTER I.V. MEDICATION DIRECTLY INTO VEIN

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RIGHT	PAGE	02	OKIMU	(HII)	LUKPSI	A CA I	BOCKLET	

	02 ORTHO (HOSP CORPS) TASK BOCKLET
	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02 OF RESPONSE BOOKLET
26	ADMINISTER MEDICATION BY INJECTION INTO IV TUBING
	I IADMINISTER I.V. MEDICATION VIA SOLUSET, PIGGY BACK, OR I.V. IBUTTLE
28	START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY
29	START I.V. THERAPY VIA MEDICUT (ANGIOCATH, JELCO)
30	PERFORM INTRAVENOUS CUTDOWN
31	START/HANG BLOOD TRANSFUSION
32	IADMINISTER BLOOD EXPANDER OTHER THAN BLOOD, E.G. PLASMA, ALBUMIN
33	ICHECK SKIN FOR AIR IN TISSUE (CREPITUS) !
34	! GIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP !
35	IGIVE MASSAGE TO REDUCE EDEMA
36	IGIVE MASSAGE TO REDUCE MUSCLE SPASM
37	TTEACH PATIENT TO TOUGHEN AND MATURE STUMP, E.G. TAPOTEMENT
38	TEACH STUMP HYGIENE
39	ICHECK DRESSINGS, E.G. FOR CLEANLINESS
40	ICLEAN WOUND, CUT, ABRASION
41	APPLY/CHANGE STERILE DRESSINGS
42	APPLY/CHANGE PEDICLE SKIN GRAFT DRESSINGS
43	IREMOVE SUTURES
44	! !REMOVE/SHORTEN DRAIN !
45	CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING
46	CONTROL BLEEDING BY PRESSURE DRESSING
47	TEXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE
48	EXAMINE FOR ENTRY AND EXIT AREA OF SHRAPNEL OR BULLETS
49	EXAMINE FOR SYMPTOMS OF EXTERNAL FUNGAL INFECTIONS, E.G. IRINGWORM
50	JEXAMINE FOR SYMPTOMS OF SEBORRHEIC DERMATITIS AND PSORIASIS
	1

	! ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03 ! OF RESPONSE BOOKLET
1	EXAMINE FOR VIRAL INFECTIONS OF THE SKIN, E.G. WARTS
2	
3	I IADMINISTER DIGITAL BLOCK ANESTHESIA I
4	SUTURE SKIN
5	SUTURE SUBCUTANEOUS TISSUE
6	 IDRIVE IN SURGICAL PIN/ROD/FASTENER
7	IPREPARE AND POSITION PROSTHESIS/GRAFT TISSUE DURING SURGICAL IPROCEDURE
8	SUTURE MUCOSAL TISSUE
9	SUTURE FASCIA
10	 GOWN AND GLOVE PERSONNEL FOR STERILE PROCEDURE
11	CLEAN AND REPOSITION INSTRUMENTS DURING SURGICAL PROCEDURE
12	SUTURE MUSCLE
13	SUTURE FACIAL LACERATIONS
14	1 1ADJUST SURGICAL INSTRUMENTS/EQUIPMENT DURING SURGICAL PROCEDUR
15	PASS CONTAMINATED MATERIAL TO CIRCULATOR
16	INSERT DRAIN/WOUND CATHETER, E. G. PENROSE, RUBBER BAND
17	 DEBRIDE WOUND/BURN
18	IPASS SPECIMEN TO CIRCULATOR
19	COUNT SPONGES DURING/AFTER SURGICAL PROCEDURE
20	PERFORM SECONDARY CLOSURE OF WOUND, E.G. DEBRIDE, INSERT DRAIN SUTURE
21	
22	 IREMOVE CONTAMINATED GLOVES FROM SURGICAL TEAM
23	 REPORT BREAK IN STERILE TECHNIQUE TO PERSONNEL
24	INCISE AND DRAIN SUPERFICIAL ABSCESS
	SUPPLY PHYSICAL COMFORT TO SURGICAL TEAM, E.G. WIPE BROW, RUB

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~ 1001	PAGE	0.5	טתואט	(UD)	CJKF31	IMON	DUUNLET

KIGHI PAGE	03 OKTHO (HUSP CJKPS) TASK BOOKLET	
I TASK NO.	I ENTER RESPONSES TO STATEMENTS BELOW IN RI I OF RESPONSE BOOKLET	IGHT SIDE OF PAGE 03
26	IDBTAIN PROSTHESIS FOR SURGICAL PROCEDURE, IPIN, PLATE, IMPLANT	E.G. AURTIC GRAPH,
27	MAINTAIN DRY STERILE FIELD DURING SURGERY	
28	! !INCISION AND DRAINAGE	SCRUB
29] ARTHROTOMY 	SCRUB
30	 OSTEOTOMY 	SCRUB
31	I ARTHROPLASTY 	SCRUB
32	 TENORRHAPHY 	SCRUB
33	I AMPUTATION	SCRUB
34	I IDISARTICULATION I	SCRUB
35	! !ARTHRODE SIS	SCRUB
36	1 ITRIPLE ARTHRODESIS I	SCRUB
37	I I MEN I SEC TOMY	SCRUE
38	 OPEN REDUCTION OF FRACTURES 	SCRUB
39	 SPINAL FUSION 	SCRUB
40	 THIP NAILING 	SCRUB
41	I IINSERTION OF ORTHOPEDIC PINS, NAILS I	SCRUB
42	I LEXTRACTION OF ORTHOPEDIC PINS I	SCRUB
43	I IBONE GRAFTS I	SCRUB
44	I INSERTION OF AUSTIN-MOORE PROSTHESIS	SCRUB
45	I INSERTION OF TOTAL HIP PROSTHESIS	SCRUB
46	 INSERTION OF SPINAL PROSTHESIS 	SCRUB
47	 TENDON TRANSFER 	SCRUB
48	I Bunionec tomy	SCRUB
49	I ISOUTHWICK PROCEDURE KNEE	SCRUB
50	 MAGUSON-STOCK REPAIR OF SHOULDER	SCRUB
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LEFT PAGE 04 ORTHO (HOSP CORPS) TASK BOOKLET

TASK NO.	PRESPONSES TO STATEMENTS BELOW 1 OF RESPONSE BOOKLET	
ı	IC INOPLASTY	SCRUB
2	CARPAL TUNNEL RELEASE	SCRUB
3	STUMP REVISION	SCRUB
4	INSERTION OF BONE PLATE	SCRUB
5	GANGLIONECTOMY	SCRUB
6	Z-PLASTY SKIN	SCRUB
7	SKIN GRAFTS	SCRUB
8	SCAR REVISIONS	SCRUB
9	REPAIR OF MULTIPLE FACIAL FRACTURES	SCRUB
10	INCISION AND DRAINAGE	CIRCULATE
11	ARTHROTOMY	CIRCULATE
12	OSTEGTOMY	CIRCULATE
13	ARTHROPLASTY	CIRCULATE
14	I ITENORRHAPHY I	CIRCULATE
15	I IAMPUTATION !	CIRCULATE
16	I IDISARTICULATION !	CIRCULATE
17	ARTHRODESIS	CIRCULATE
18	TRIPLE ARTHRODESIS	CIRCULATE
19	MENI SECTOMY	CIRCULATE
20	OPEN REDUCTION OF FRACTURES	CIRCULATE
21	SPINAL FUSION	CIRCULATE
22	HIP NAILING	CIRCULATE
23	INSERTION OF ORTHOPEDIC PINS, NAILS	CIRCULATE
24	EXTRACTION OF ORTHOPEDIC PINS	CIRCULATE
25	BONE GRAFTS	CIRCULATE
1	•	CO TO RICHT HAND DAGE

GO TO RIGHT HAND PAGE

RIGHT PAGE	ሰፋ	UBINU	THUCE	(1895)	TASK	BUUKILLE

RIGHT PAGE	04 URTHO (HUSP CURPS) TASK BOOKLET	
I TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGH OF RESPONSE BOOKLET	•
26	INSERTION OF AUSTIN-MOORE PROSTHESIS	
27	INSERTION OF TOTAL HIP PROSTHESIS	CIRCULATE
28	I INSERTION OF SPINAL PROSTHESIS	CIRCULATE
29	! TENDON TRANSFER 	CIRCULATE
30	BUNIONECTOMY	CIRCULATE
31	SOUTHWICK PROCEDURE KNEE	CIRCULATE
32	! MAGUSON-STOCK REPAIR OF SHOULDER	CIRCULATE
33	CARPAL TUNNEL RELEASE	CIRCULATE
34	STUMP REVISION	CIRCULATE
35	I INSERTION OF BONE PLATE	CIRCULATE
36	GANGLIONECTOMY	CIRCULATE
37	IZ-PLASTY SKIN	CIRCULATE
38	SKIN GRAFTS	CIRCULATE
39	SCAR REVISIONS	CIRCULATE
40	 DERMABRASION 	CIRCULATE
41	I TREPAIR OF MULTIPLE FACIAL FRACTURES	CIRCULATE
42	TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZ	AT ION
43	APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGUL	AR, KURLEX
44	I GIVE CARE TO PATIENT IN A CAST, E.G. PAD/PET	AL CAST, TURN
45	GIVE HYDROTHERAPY TO HELP PATIENT ACHIEVE RA	NGE OF MOTION
46	 WRAP STUMP FOR SHAPE/SHRINKAGE	
47	IGOWN FOR STERILE PROCEDURE	
48	SET UP MAYO STAND WITH INSTRUMENTS	
49	PASS STERILE DRAPES TO SURGEON	
50	1 IOBTAIN EQUIPMENT, MEDICATIONS, INSTRUMENTS P I PERFORMING STERILE PROCEDURE	.R.N. FOR PERSONNEL
	1	TURN PAGE

TURN PAGE

ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05 OF RESPONSE BOOKLET TIE UP SURGICAL GOWN FOR SCRUBBED PERSONNEL PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL PERFORMING STERILE PROCEDURE
PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL
FERFORMENT STERREG PROGEDURE
ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT
HOLD VIALS/AMPULES OF DRUGS FOR USE AND DRUG VERIFICATION DURING STERILE PROCEDURE
GLOVE FOR STERILE PROCEDURE
MAKE INCISION FOR MINOR SURGERY
AUSCULTATE HEART TO DETECT ABNORMAL SOUNDS, I.E. P.V.C., BRUITS, MURMURS
PERFORM CIRCULATION CHECK, E.G. COLOR, PULSE, TEMPERATURE OF SKIN, CAPILLARY RETURN
TEACH VASCULAR EXERCISES, E.G. BUERGER-ALLEN
 EXAMINE FOR SYMPTOMS OF INTERNAL HEMORRHAGE
COLLECT, COUNT AND LAYOUT USED SPONGES FOR CALCULATING BLOOD LLOSS AND FOR SPONGE COUNT
WEIGH USED SPONGES FOR CALCULATING BLOOD LOSS
 EXAMINE LEGS TO DETECT/RULE OUT CALF TENDERNESS/VARICOSE VEINS
 PERFORM TILT TEST FOR CIRCULATION
I EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN
 EXAMINE FOR SYMPTOMS OF CONGESTIVE HEART FAILURE
I AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E. IRALES, WHEEZE, RONCHI
 PERFORM TRACHEOTOMY/TRACHEOSTOMY
 EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT BEHAVIORAL CHANGES, E.G. DEPRESSION, MEMORY LOSS
1 10BSERVE PATIENT'S PHYSICAL MOVEMENT, E.G. MUSCULAR COORDINATION: 1POSTURE, BALANCE
ICHECK PATIENT'S SENSORY RESPONSES TO TASTE, SMELL
j CHECK BABINSKI REFLEX
ICHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX
EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING
EXAMINE TYMPANIC MEMBRANE FOR PERFORATION

IOBSERVE FOR/REPORT SYMPTOMS/SIGNS OF SKELETAL DISLOCATION

TEXAMINE FOR SIGNS OF SPRAINS

46

48

50

TEXAMINE FOR SYMPTOMS OF FRACTURES

TEXAMINE FOR EVIDENCE OF SPINAL CORD INJURIES

IOBSERVE FOR/REPORT SYMPTOMS OF OSTEOMYELITIS

ITEACH ACTIVE RANGE OF MOTION EXERCISES

PEXAMINE CHILD'S FEET FOR PIGEON TOE (TALIPES VARUS)

TURN PAGE

D6 ORTHO (HOSP CORPS) TASK BOOKLET
FNTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06 OF RESPONSE BOOKLET
ASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION EXERCISES
GIVE PASSIVE STRETCH AGAINST CONTRACTURE
INSTRUCT PATIENT HOW TO ACTIVELY STRETCH CONTRACTURE
INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN HAND GRASP
INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN FINGER DEXTERITY
TEACH PATIENT TO USE CANES
TEACH PATIENT TO USE AXILLARY CRUTCHES
TEACH PATIENT TO USE LOFSTRAND CRUTCHES
TEACH PATIENT TWO POINT CRUTCH GAIT
TEACH PATIENT FOUR POINT CRUTCH GAIT
TEACH PATIENT SWING TO OR SWING THROUGH GAIT
TEACH PATIENT WITH CRUTCHES TO ASCEND/DESCEND STAIRS AND RAMP
I ITEACH PATIENT THREE POINT CRUTCH GAIT
 DETERMINE TIME FOR APPLICATION/REMOVAL OF CAST
 DETERMINE NEED TO TRIM OR BIVALVE CAST
APPLY RIB BELT
 APPLY/REMOVE SLING, E.G. ARM, LEG
 APPLY/REMO'E SPLINT
 APPLY/REMOVE PROSTHETIC APPLIANCE
APPLY/REMOVE BRACE
TO THE PROOF PLASTER CAST (SPICA)
I I APPLY CERVICAL COLLAR PLASTER CAST
I I APPLY HIP SPICA PLASTER CAST
TAPPLY LONG LEG CYLINDER PLASTER CAST

PIGHT P	PAGE	06	CRIHO	CHOSP	CORPSI	TASK	BOOKLET
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	DATE THUSE COREST TASK BOOKEET
	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06 OF RESPONSE BOOKLET
26	APPLY LONG LEG PLASTER CAST OTHER THAN CYLINDER CAST
27	APPLY SHORT LEG PLASTER CAST
28	APPLY TRACTION SPLINTS
29	APPLY LONG ARM PLASTER CAST
30	APPLY VELPEAU PLASTER CAST
31	APPLY SHORT ARM PLASTER CAST
32	APPLY GAUNTLET/NAVICULAR PLASTER CAST
33 i	APPLY HAND PLASTER CAST
34	APPLY EXTENSION (HYPER) PLASTER JACKET
35	APPLY FLEXION PLASTER JACKET
36	APPLY CALOT PLASTER JACKET
37	APPLY PLASTER LEG SPLINT
38	APPLY PLASTER ARM SPLINT
39	APPLY FINGER/HAND SPLINT
40	APPLY CLUB FOOT PLASTER CAST
41	APPLY REESER PLASTER JACKET
42	APPLY SARMIENTO PLASTER CAST
43	APPLY MINERVA JACKET PLASTER CAST
44	APPLY WALKING PLASTER CAST
	APPLY QUADRALATERAL PLASTER CAST (FOR FRACTURED FEMUR)
	BIVALVE/WINDOW/TRIM PLASTER CAST
	REMOVE PLASTER CAST
	GIVE CRUTCHFIELD TONG CARE
	TAKE PATIENT IN AND OUT OF TRACTION I
	DETERMINE NEED AND INITIATE REALIGNMENT OF TRACTION, E.G. LINE IOF PULL, CHANGE IN WEIGHT
	TURN PAGE

LEFT PAGE	OF ORTHO (HOSP CORPS) TASK BOOKLET
I TASK NO.	! ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET
1	PLACE STUMP IN SKIN TRACTION
2	PLACE PATIENT IN CERVICAL HALTER TRACTION
3	PLACE PATIENT IN BRYANT'S TRACTION
4	PLACE PATIENT IN BUCK'S TRACTION
5	IPLACE PATIENT IN RUSSELL TRACTION
6	IPLACE PATIENT IN SKELETAL TRACTION WITH THOMAS SPLINT
7	PLACE PATIENT IN BALANCED SUSPENSION TRACTION
8	IPLACE PATIENT IN T-SPLINT CLAVICLE TRACTION
9	PLACE PATIENT IN DUNLOP'S ARM TRACTION
10	PLACE PATIENT IN PELVIC TRACTION
11	PLACE PATIENT IN SKULL TRACTION WITH CRUTCHFIELD TONGS
12	PREMOVE ORTHOPEDIC PIN, I.E. SKELETAL TRACTION
13	ISET FRACTURE, I.E. CLOSED REDUCTION
14	I IFABRICATE SPLINTS FOR PREVENTION/CORRECTION OF GRTHOPEDIC IDEFORMITY
15	IFABRICATE FRACTURE SPLINT
16	
17	 FABRICATE PATTERN FOR MOULDS
18	
19	!
20	I INFORM DOCTOR OF UNEXPECTED X-RAY FINDINGS
21	 READ X~RAY FILMS FOR TECHNICAL ADEQUACY
22	 POINT OUT POSSIBLE ABNORMALITIES ON X-RAY FILM TO DOCTOR
23	IDETECT BONE ABNORMALITIES ON X-RAY FILM
24	 CHECK TONIC NECK REFLEX (FENCING POSITION)
25	OBTAIN BIRTH HISTORY
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	or aking this course the source the
	I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE O7 I OF RESPONSE BOOKLET
27	CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE
28	I TREVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE I
	 EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE
30	I ISUGGEST CHANGES IN NURSING CARE PLAN FOR PATIENT I
31	! INITIATE AND IMPLEMENT CHANGE IN PATIENT CARE PLAN
32	 EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME
33	 EVALUATE QUALITY OF NURSING CARE GIVEN TO INDIVIDUAL PATIENT
	 COORDINATE PATIENT TREATMENT PLAN WITH OTHER DEPARTMENTS/ AGENCIES
	I ICONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/ IPROBLEMS, E.G. O.T., P.T., SOCIAL WORKER
36	I IRECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT
	I TRECOMMEND NEED FOR PARAMEDICAL CONSULT OR REFERRAL, E.G. SOCIAL IWORKER, O.T., P.T.
38	! FOLLOW UP PATIENT TO DETERMINE IF NEEDED SERVICES WERE OBTAINED
39	! !INTERVIEW/EVALUATE PATIENT/FAMILY FOR REFERRAL/CONSULT !
	I IPLAN PATIENT DISCHARGE, E.G. REFERRALS NEEDED, HEALTH EDUCATION INCEDS, FAMILY/HOME PREPARATION
	INSTRUCT FAMILY IN CARE OF PATIENT ON PASS/LEAVE, E.G. PATIENT LIMITATIONS, POTENTIAL PROBLEMS
· -	IEVALUATE PATIENT/FAMILY RESOURCES/PREPARATION FOR ADMISSION/ IDISCHARGE, E.G. TRANSPORTATION, CHILD CARE
	 FOLLOW UP/EVALUATE PATIENT TREATMENT/PROGRESS AFTER DISCHARGE FROM MEDICAL FACILITY
44	 FOLLOW UP FAILED APPOINTMENT, E.G. BY PHONE, LETTER, HOME VIST
	I INFORM PATIENT OF CLUBS ESTABLISHED FOR PEOPLE WITH SPECIFIC DISEASES
	I IDETERMINE TYPE OF LECTURES AND CONSULTANTS FOR PATIENT I INSTRUCTION
47	! EVALUATE PSYCHOLOGICAL NEEDS OF PATIENT IN RELATION TO HIS PHYSICAL DISABILITY
48	REINFORCE PATIENT'S POSITIVE RESPONSE TO THERAPY
49	I IINFORM PATIENT OF PROGRESS OF THERAPY I
	I ICONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF ISPECIFIC DISABILITY/DISEASE

LEFT PAGE	DB CRIHO (HOSP CORPS) TASK BUCKLET
	ENTER RESPONSES TO STATEMENTS BELLW IN LEFT SIDE OF PAGE OF OF RESPONSE BOOKLET
	TEACH PATIENT/FAMILY CARE OF SPECIFIC DISEASES/DISABILITIES, E.G. DIABETES, CVA
	RECOMMENDIGIVE PATIENT/FAMILY SUPPLEMENTARY HEALTH EDUCATION PAMPHLETS OR BOOKS
3	TEACH PATIENT/FAMILY SELF USE OF THERAPEUTIC EQUIPMENT/DEVICES
	TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING CHANGE, CAST CARE
5	COUNSEL FAMILY IN CARE OF GERIATIC PATIENT
	 TEACH PATIENT/FAMILY HEALTH PROMOTION PRACTICES, E.G. ROUTINE PHYSICALS, EXERCISE, DIET
7	TEACH PATIENT/FAMILY WARNING SIGNS OF CANCER
	I INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL IABNORMALITIES
9	I ILISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS I
10	 COUNSEL PATIENT WITH TERMINAL ILLNESS OR HIS FAMILY
	 PREPARE, LABEL AND SEND ROUTINE SPECIMENS E.G. URINE, 8LOOD TO LABORATORY
12	I IPREPARE, LABEL AND SEND CULTURE SPECIMENS TO LABORATORY I
13	I IPREPARE, LABEL AND SEND BIOPSY SPECIMENS TO LABORATORY I
14	 COLLECT BLOOD FROM CHILDREN/INFANTS
15	 TAKE WOUND SPECIMEN FROM PATIENT
16	I ITAKE PUS SPECIMEN FROM PATIENT I
17	PREPARE QUALITY CONTROL CULTURES
18	 DETERMINE COAGULATION (CLOTTING) TIME
19	SCRUB FOR SURGERY/STERILE PROCEDURE
20	SET UP SURGICAL BACK TABLE WITH STERILE INSTRUMENTS/EQUIPMENT
21	I ISET UP SUTURE BOOK/TOWEL
22	PASS INSTRUMENTS TO PHYSICIAN
23	ICLAMP BLOOD VESSELS
24	 TIE SUTURES/LIGATURES FOR HEMOSTASIS
25	ICUT TISSUE AS DIRECTED BY SURGEON

RIGHT PAGE	08 ORTHO (HOSP CORPS) TASK BUCKLET
	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SID OF PAGE 24
26	PROSITION/HOLD RETRACTORS TO MAINTAIN OPEN INCISE'N
27	1 IREMOVE FLUID FROM SURGICAL SITE WITH SPONGES OR SICTION I
	TPASS STEPTIE ACCESSORIES, EQUIPMENT, E.G. TUBING, CORD T CORCULATOR FOR CONNECTION
29	TLABEL MEDICINE GLASSES WITH NAME AND AMOUNT OF 1975 FOR STEPTLE FFIELD
30	I ICOUNT NEEDLES/INSTRUMENTS PRE/POST SURGERY I
31	1 FLASH STERILIZE INSTRUMENTS
32	I ILOG IN PATIENTS TO CLINIC/DEPARTMENT/SILK CALL I
33	! !INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS !
34	 ANSHER TELEPHONE/TAKE MESSAGES, MEMOS
35	 LDCATE MISPLACED CHARTS/HEALTH RECORD'
36	 PREPARE REQUISITIONS FOR DIAGNOSTIC PROCECUMES, E.G. LAB, EEG
37	1 OBTAIN PATIENT'S PAST HOSPITALIZATION RECORDS/X-RAYS
38	 FILE COMPLETED/RETURNED CHITS/REPORTS IN PATIENT RECORD
39	 PREPARE/ASSEMBLE MEDICAL BOARD REPORTS FOR COMPLETION
40	 REVIEW AND FOLLOW THROUGH ON COMPLETED CONSULT REPORTS
41	 Trecord Physician examination findings
	 PREPARE REPORT/FEEDER REPORT ON NUMBERS OF INPATIENT/OUTPATIENT SERVICES PERFORMED
	 MAINTAIN DAILY RECORDS ON PATIENT PROCEDURES/EXAMINATIONS PERFORMED
44	 PREPARE WORK ORDERS/WORK REQUESTS
45	 PREPARE REPORTS FOR TRANSMITTAL TO OTHER COMMANDS
46	 REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION
47	 COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS
	 CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS
	 SCHEDULE APPOINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK
50	 MAINTAIN CALL LIST TO FILL BROKEN/CANCELLED APPOINTMENTS

LEFT PAGE (09 ORTHO (HOSP CORPS) TASK BOCKLET
	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09 OF RESPONSE BOOKLET
	COORDINATE WITH HOSPITAL/DEPARTMENT SUPPORT SERVICES, E.G. ISOCIAL SERVICES, RED CROSS
7	ESTABLISH LIAISON WITH CIVILIAN SPECIALISTS/CONSULTANTS
3	PREPARE RADIOGRAPHS FOR VIEWING BY DOCTOR
	MAKE RECOMMENDATIONS ON/APPROVE/DISAPPROVE PERSONNEL REQUESTS TO ATTEND MEETINGS/CONFERENCES
5	CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS
	PREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL
7	INITIATE NEW OR CHANGED TECHNICAL PROCEDURES
8	COMPOSE/ORAFT AN AGENDA FOR STAFF MEETINGS
9	WRITE/ENTER INTO LOG MINUTES/NOTES OF MEETINGS
10	MAINTAIN ATTENDANCE RECORDS
11	ARRANGE TIME/DETAIL SCHEDULES
12	ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED
13	 ASSIGN PERSONNEL TO DUTIES/WORK ACCORDING TO SCHEDULE
14	DETERMINE DUTIES FOR PERSONNEL
15	! REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED !
16	ROTATE PERSONNEL DUTIES, E.G. FOR EXPERIENCE/VARIETY
17	I IINTERVIEW/COUNSEL/ADVISE STAFF
	ICOUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF JEDUCATIONAL PROGRAMS
19	I GIVE DIRECT SUPERVISION TO CORPSMEN/TECHNICIANS !
20	REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL
21	 REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS
22	 EVALUATE THE PERFORMANCE OF PERSONNEL
23	I RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED !
24	 RECOMMEND PERSONNEL FOR REASSIGNMENT, I.E. NEW COMMAND
25	 RECOMMEND PERSONNEL FOR EDUCATION/TRAINING

RIGHT PAGE	09 ORTHG (HOSP CORPS) TASK BOCKLET
TASK NO.	I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 I OF RESPONSE BOOKLET
26	ISET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS
27	COORDINATE/ARRANGE FOR USE OF ROOMS, E.G. LECTURES, COMFERENCE
28	 REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR CIVILIAN/GOVERNMENT HEALTH FACILITIES
29	DESIGN TRAINING AIDS, ILLUSTRATIONS, GRAPHICS
30	
31	IGIVE FIRST AID INSTRUCTION
32	I IINSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS 1
33	SCHEDULE LECTURES
34	
35	ISELECT TOPICS FOR STAFF LECTURE SERIES
36	ICONDUCT SEMINARS
37	WRITE REPORTS FOR CLASSES/CONFERENCES
38	DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF
39	IDEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT
40	PERFORM CLASSROOM DEMONSTRATIONS
41	
42	I IDECIDE WHEN TRAINEE IS CAPABLE OF PERFORMING A PROCEDURE WITHOUT IDIRECT SUPERVISION
43	CHECK INDIVIDUAL'S PROGRESS DURING OUT
44	I IMAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OJT PROGRAM, E.G. ICOURSES, PRACTICAL EXPERIENCE
45	POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS
46	 LEVALUATE EFFECTIVENESS OF UNIT'S OUT PROGRAM
47	PLAN CONTENT FOR OJT PROGRAM
48	ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM, ICLASS SCHEDULE
49	PLAN/WRITE STUDENTS ROTATION SCHEDULE
50	EVALUATE TEACHER EFFECTIVENESS

LEFT PAGE	LO ORTHO (HOSP CORPS) TASK BOOKLET
	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET
l	EVALUATE CLASSRODM/CLINICAL INSTRUCTIONAL TECHNIQUES
2	 EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT
3	EVALUATE NURSING CARE PROCEDURES/STANDARDS
4	USE AND EVALUATE NEW EQUIPMENT/MATERIAL (USER-TRIAL)
5	 CALIBRATE/TEST EXPERIMENTAL EQUIPMENT/APPARATUS
6	ORDER STOCK MEDICATIONS FROM PHARMACY
	I IDD AN INVENTORY OF DRUGS OTHER THAN NARCOTICS AND CONTROLLED IDRUGS
8	 OISPOSE OF/RETURN MEDICATIONS/DRUGS WHOSE SHELF-LIFE HAS EXPIRED
9	MAKE LOCAL (OPEN) PURCHASE OF SUPPLIES
10	 ORDER SUPPLIES/EQUIPMENT THROUGH FEDERAL SUPPLY SYSTEM
п	 VERIFY AND CO-SIGN INVENTORY
12	DO SUPPLY/EQUIPMENT INVENTORY
13	 ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS
	{ VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/ MATERIAL
15	I MAINTAIN PROPERTY CUSTODY CARDS FOR EQUIPMENT
16	I IDETERMINE CORRECT NUMBER OF TABLES/STRETCHERS FOR PATIENTS I
-	 COORDINATE WITH MANUFACTURERS/CONTRACTORS FOR EQUIPMENT REPAIR/ MAINTENANCE
18	 APPROVE/DISAPPROVE NEW EQUIPMENT REQUESTS
19	I ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES
20	IDETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT
21	 PICK UP/DELIVER EQUIPMENT
22	STORE SUPPLIES
23	STORE INSTRUMENTS
24	INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY
25	I PARTIE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK ISPACE

RIGHT PAGE	10 ORTHO (HOSP CORPS) TASK BOOKLET
	I ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 I OF RESPONSE BOOKLET
26	SUPERVISE POUTINE EQUIPMENT MAINTENANCE FOR SECTION/UNIT
27	 DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE
28	DO MINOR REPAIR ON EQUIPMENT
29	 MODIFY EQUIPMENT FOR NON-STANDARD USAGE
30	 PACKAGE (WRAP/DATE/LABEL) STERILE SUPPLIES
31	 PREPARE RUBBER GOODS FOR STERILIZATION
32	 BREAK DOWN SURGICAL INSTRUMENTS FOR POST OPERATIVE CLEANING
33	 Wash glassware/instruments
34	I SELECT/SET UP STANDARD INSTRUMENT TRAYS FOR SCHEDULED SURGERY
35	T TESTABLISH/MAINTAIN SUTURE/INSTRUMENT TRAY CARDS T
36	 DETERMINE METHOD OF STERILIZATION FOR INSTRUMENTS/EQUIPMENT
	 DETERMINE/SELECT AGENTS/PROCESSES FOR EQUIPMENT/INSTRUMENT STERILIZATION
38	TEST AUTOCLAVE EFFECTIVENESS WITH CULTURE STRIPS
39	I ISELECT/SET UP INSTRUMENTS FOR SMALL PACKS I
40	I IDD HOUSEKEEPING/CLEANING DUTIES I
41	 TARRANGE FOR HOUSEKEEPING/CLEANLINESS OF AREA
42	! Change linens, e.g. bed, exam tables, bedside cjrtain
43	I INSPECT SPACES FOR CLEANLINESS I
44	I ICHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GRGUNDS I
45	I IDO PERIODIC MECHANICAL SAFETY CHECKS ON POWER OPERATED EQUIPMENT
46	 ADVISE PERSONNEL/PATIENT ON ROUTINE RADIATION SAFETY PRECAUTIONS

Part II B LIST OF INSTRUMENTS AND EQUIPMENT

LEFT PAGE	11 ORTHO (HOSP CORPS) TASK BOCKLET
(TASK NO.	I ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11 I OF RESPONSE BOOKLET
1	GURNEY CARTS
2	I IMHEEL CHAIR I
3	; STETHOSCOPE
4	(SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS)
5	1 ISPECULUM, EAR 1
6	I HYDROCOLLATOR MACHINE
7	 TRAY, OPERATING ROOM PREP
8	I SUTURE REMOVAL SET
9	TRAY, CLIP REMOVAL
10	PLASTIC DRESSING TRAY
11	BURN PACK
12	ITRAY, ANAESTHETIC, LOCAL
13	TRAY, ANAESTHETIC SPINAL
14	TRAY, INCISION DRAINAGE
15	TRAY, JOINT ASPIRATION/INJECTION
16	[CVP (VENDUS PRESSURE) TRAY
17	CHEST TUBE TRAY
18	TRAY, LUMBAR PUNCTURE
19	INSTRUMENT TRAY, MINOR SURGERY
20	TRAY, SKIN BIOPSY
21	TRAY, MUSCLE BIOPSY
22	PARACENTESIS TRAY
23	PHLEBOTONY TRAY
24	SMP (BONE MARROW) TRAY
25	THORACENTESIS TRAY

RIGHT	PAGE	11	ORTHO	(HOSP	CORPSI	TASK	BOOKLET	
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	TI ONTHO THUSP CORPS! TASK BUOKLET			
I TASK NO.	1 ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11 1 OF RESPONSE BOOKLET			
26	DEFIBRILLATOR, PORTABLE			
27	! !ENDOTRACHEAL TUBE			
28	STRYKER FRAME			
29	TILT TABLE			
30	 GONIOMETER 			
31	CERVICAL COLLARS			
32	 BRACES (LEG, HAND, ARM) 			
33	 Crutches 			
34	WALKER			
35	TRACTION MACHINE, INTERMITTENT			
36	 BALKAN FRAME 			
37	TRACTION EQUIPMENT , E.G. PULLEYS, WEIGHTS, BOWS, CORDS			
38	THOMAS SPLINT AND ATTACHMENTS			
39				
40	LEG LENGTHENING DEVICES, E.G. STRYKER			
41	 STEINMAN PIN 			
42	 ORTHOPEDIC TABLES/ACCESSORIES			
43	 SPICA BODY TABLE 			
44	 SHERLE-BOHLER BODY JACKET MACHINE 			
45	ALBEE COMPER TABLE			
46	RISSER TABLE			
47	SAW, PLASTER CAST			
48	FRACTURE SPLINTS			
49	CAST CUTTERS			
50	PLASTER CAST CART			

LEFT	PAGE	12	URTHO	CHOSE	Capper		BUCKLET
~~~~.					C74621	TASK	BUDKIET
							~~~~~

	1 ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12			
1	CAST BENDERS			
2	CAST MATERIALS, E.G. PLASTER ROLLS, SPLINTS, WEBRIL, FOAM RUBBER			
3	FOOT PLATES			
4	PROCESSING MACHINE, X-RAY FILM, AUTOMATIC			
5	STATIONARY X-RAY UNIT			
6	PORTABLE X-RAY UNIT			
7	1 X-RAY DEVELOPER, MANUAL, DRY PROCESS			
8	I ICOMPOUND MICROSCOPE			
9	I INSTRUMENT WASHER-STERILIZER			
10	AUTOCLAVE, DRY HEAT			
11	AUTDCLAVE, GAS			
12	AUTOCLAVE. STEAM			
13	ELECTRONIC DATA PROCESSING EQUIPMENT			
1	LUTOMATIC DATA PROCESSING EQUIPMENT			